

Entered -06/15/99 - sb
CL- 99L0362 - GWENDOLYN BURNS

00- *E* -1822

CLAIM OF: Yolunde Hillsman-Holt
3318 Hazzlewood Drive, SW
Atlanta, Georgia 30311

For property damages alleged to have been sustained from a storm
sewer overflow on October 20, 1997 at 3318 Hazzlewood Drive, SW.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0362

Date: November 2, 2000

Claimant /Victim YOLUNDE HILLSMAN-HOLT
BY: (Atty) (Ins. Co.) _____
Address: 3318 Hazzlewood Drive, SW, Atlanta, Georgia 30311
Subrogation: _____ Claim for Property damage \$ 1,500.00 Bodily Injury \$ _____
Date of Notice: 6/7/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/20/97 Place: 3318 Hazzlewood Drive, SW
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that she sustained damages to her home from a sewer back up. However, an investigation determined that the City did not have notice of any problems at this location prior to the February 10, 1997 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

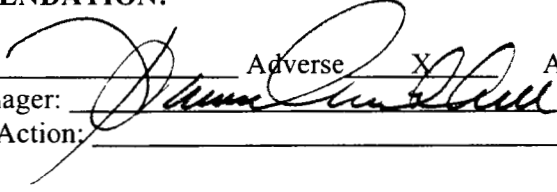
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GUENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-02-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

ENTERED - 6-15-99 - SB
99L0362 - GWEN BURNS CVD

Dear Municipal Clerk:

This is to notify the City of Atlanta that I
\$ _____ bodily injury for which

I suffered damages in the amount sum of \$ 1,500.00 property and/or
tend the City is liable.

1. Date of incident: 10/20/99
(month/day/year)

2. Time of Incident: 4:30 3. Police called: Yes ☒ No

4. Location of incident (including street address): 3318 HAZELWOOD DRIVE SW ATLANTA, GA

5. Name of your insurance company: STATE FARM Policy No. _____

6. State what and how incident occurred: The sewage backup into my home causing
damages to carpet, chairs, book, clothing and sofa.
This was about the 4th time that the sewage backup
into my home, I have never ask for the city part
of my damages

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL
RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of
repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by
State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Yolande Hillman-Holt 3318 HAZELWOOD DRIVE SW
Signature of Claimant (Address)

(City, State and Zip Code)

00- R -1822

(Work Number)

(Home Number)